

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5		/				
6		/				
7	/	/				
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50						
TOTAL IND.	5					
TOTAL DEP.	5					
TOTAL CLAIMS	10					

	IND	DEP	IND	DEP	IND	DEP
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